Introduction

Local health communities should review their existing practice for the assessment and management of falls against this guideline. The review should consider the resources required to implement the recommendations set out in the guideline, the people and processes involved and the timeline over which full implementation is envisaged. It is in the interests of patients that the implementation timeline is as rapid as possible. Relevant local clinical guidelines, care pathways and protocols should be reviewed in the light of this guidance and revised accordingly.

Further information

Quick reference guide

This quick reference guide to the Institute's guideline on assessment and prevention of falls contains the key priorities for implementation, summaries of the guideline, and notes on implementation. The distribution list for this quick reference guide is available on the NICE website at www.nice.org.uk/CG821distributionlist

NICE guideline

The NICE guideline, ‘Falls: the assessment and prevention of falls in older people’, is available from the NICE website (www.nice.org.uk/CG821finalguideline).

The NICE guideline on assessment and prevention of falls contains the following sections: Key priorities for implementation; 1 Guidance; 2 Notes on the scope of the guidance; 3 Implementation in the NHS; 4 Research recommendations; 5 Full guideline; 6 Related NICE guidance; 7 Review date. The NICE guideline also gives details of the scheme used for grading the recommendations, membership of Guideline Development Group and the Guideline Review Panel, and technical details on criteria for audit.

Full guideline

The full guideline includes the evidence on which the recommendations are based, in addition to the information in the NICE guideline. It is published by the National Collaborating Centre for Nursing and Supportive Care, The Royal College of Nursing Institute. The guideline is available on its website (www.rcn.org.uk), the NICE website (www.nice.org.uk/CG821finalguideline) and on the website of the National Electronic Library for Health (www.nelh.nhs.uk).

Information for the public

NICE has produced information describing this guidance for people at risk of falling, their advocates and carers, and the public. This information is available in English and Welsh from the NICE website (www.nice.org.uk/021publicinfo). Printed versions are also available – see below for ordering information.

Review date

The process of reviewing the evidence is expected to begin 4 years after the date of issue of this guideline. Reviewing may begin earlier than 4 years if significant evidence that affects the guideline recommendations is identified sooner. The updated guideline will be available within 2 years of the start of the review process.

This guidance is written in the following context:

This guidance represents the view of the Institute, which was arrived at after careful consideration of the available evidence. Health professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of health professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Key priorities for implementation

Case/risk identification

• Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall.

Multifactorial falls risk assessment

• Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance. (Tests of balance and gait commonly used in the UK are detailed in the full guideline.)

Multifactorial interventions

• All older people with recurrent falls or assessed as being at increased risk of falling should be considered for an individualised multifactorial intervention.

• Successful multifactorial intervention programmes the following specific components are common (against a background of the general diagnosis and management of causes and recognised risk factors):
  - strength and balance training
  - home hazard assessment and intervention
  - vision assessment and referral
  - medication review with modification/withdrawal

• Following treatment for an injurious fall, older people should be offered a multidisciplinary assessment to identify and address future risk, and individualised intervention aimed at promoting independence and improving physical and psychological function.

Encouraging the participation of older people in falls prevention programmes including education and information giving

• Individuals at risk of falling, and their carers, should be offered information orally and in writing about what measures they can take to prevent further falls.

Professional education

• All health care professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention.
Patient referral and care pathway

CASE/RISK IDENTIFICATION IN GENERAL SERVICES
Ask if fallen in the past year and about frequency, context and characteristics of the fall. Observe for balance and gait deficit and potential to benefit from interventions to improve balance and mobility.

FALLS SERVICE
All healthcare professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention.

MULTIFACTORIAL INTERVENTIONS
Offer individualised multifactorial intervention to older people at risk including:
- strength and balance training
- home hazard assessment and intervention
- vision assessment and referral
- medication review/withdrawal

After medical treatment for an injurious fall, patients should be offered multidisciplinary assessment and intervention.

STRENGTH AND BALANCE TRAINING
HOME HAZARD INTERVENTION AND FOLLOW-UP
MEDICATION REVIEW/WITHDRAWAL
CARDIAC PACING

EDUCATION AND INFORMATION
To promote participation of older people, falls prevention programmes should:
- discuss changes a person is willing to make to prevent falls
- information should be relevant and available in languages in addition to English
- address potential barriers such as low self-efficacy and fear of falling

Programmes should be flexible to accommodate different needs.

Information on the following should be provided orally and in writing:
- measures to prevent falls
- motivation
- preventable nature of some falls
- physical/psychological benefits of modifying risk
- further advice and assistance
- how to cope with a fall.

THE SPECIALIST SERVICES
For falls and for osteoporosis should be operationally linked or dovetailed.

Interventions that cannot be recommended

- Brisk walking. There is no evidence that brisk walking reduces the risk of falling. One trial showed that an unsupervised brisk walking programme increased the risk of falling in postmenopausal women with an upper limb fracture in the previous year. However, there may be other benefits of brisk walking by older people.

- Vitamin D. There is insufficient evidence that vitamin D can prevent falls. No firm recommendation can therefore currently be made on its use for this indication. Guidance on the use of vitamin D for fracture prevention will be contained in the forthcoming NICE clinical practice guideline on osteoporosis, which is currently under development.

- Hip protectors. Reported trials that have used individual patient randomisation have provided no evidence for the effectiveness of hip protectors to prevent fractures when offered to older people living in extended care settings or in their own homes. Data from cluster randomised trials provide some evidence that hip protectors are effective in the prevention of hip fractures in older people living in extended care settings who are considered at high risk.